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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/019,545 01/03/2002 PAT 6,653,349  
 which is a 371 of PCT/IT00/00313 07/25/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

ITALY RM99A000483 07/28/1999

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 12/12/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	ITALY	0	6	6
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

20311

**TITLE**

COMPOSITION FOR THE PREVENTION AND TREATMENT OF KIDNEY DYSFUNCTIONS AND DISEASES

FILING FEE RECEIVED 3852	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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